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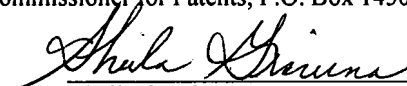
DOCKET NO.: D0617.70012US00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Aaron Sato et al.
Serial No.: 10/661,156
Confirmation No.: 6772
Filed: September 11, 2003
For: KDR AND VEGF/KDR BINDING PEPTIDES AND THEIR USE IN
DIAGNOSIS AND THERAPY
Examiner: A. U. Desai
Art Unit: 1656

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to MAIL STOP Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 3rd day of May, 2007.


Sheila Gravina

MAIL STOP Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents:

- Fee Transmittal (1 page)
- Response to Office Action (44 pages)
- Information Disclosure Statement and PTO Form 1449 with cited references (15 pages)
- Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 646-8000, Boston, Massachusetts.

A check in the amount of \$1020.00 is enclosed to cover the fee for 3-Month Extension of Time. A check in the amount of \$180.00 is enclosed to cover the fee for the Information Disclosure Statement. If the fee is insufficient, the balance may be charged to Deposit Account 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,
Aaron Sato et al., Applicants

By:



Marie Aucoin, Ph.D., Reg. No.: 59,414
Wolf, Greenfield & Sacks, P.C.
600 Atlantic Avenue
Boston, Massachusetts 02210-2206
Telephone: (617) 646-8000

Docket No.: D0617.70012US00
Date: May 3, 2007
xMay 9, 2007x



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2007		Complete if Known	
		Application Number	10/661,156-Conf. #6772
		Filing Date	September 11, 2003
		First Named Inventor	Aaron Sato
		Examiner Name	A. U. Desai
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1656	
TOTAL AMOUNT OF PAYMENT	(\$) 1200.00	Attorney Docket No.	D0617.70012US00

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
- =	x	=		Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- =	x	=					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month				1,020.00			
1806 Information Disclosure Statement				180.00			

SUBMITTED BY					
Signature	<u>Marie Aucoin</u>	Registration No. (Attorney/Agent)	59,414	Telephone	(617) 646-8000
Name (Print/Type)	Marie A. Aucoin	Date	May 3, 2007		

Certificate of Mailing Under 37 CFR 1.8(a)	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: May 3, 2007	Signature: <u>Sheila Gravina</u> (Sheila Gravina)